06277

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia; LENGTH OF STAY (in this place) 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convolcent Home	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Lou (Last) Amoss

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Single	Aug. 17, 1877	72 yrs.	10	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Benson Md	W.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
R. Howard Amoss	Martha E. Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Benj W. Amoss, Benson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic C V disease.	1 year
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/1, 1947, to June 30, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer M.D.	Bel Air, Md	6/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 2-50	Friendship	Fallston Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/1/50	Priscilla Forwood	Martin E Kartz	Jarrettsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
JUL 7 1950
BUREAU V. S.

06278

Evidence for addition in #18 shown on:

FILM No. G 126 JUL 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 37 Strawberry Alley

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) Parker (Last) Bryd

4. DATE OF DEATH: (Month) June (Day) 27, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated

8. DATE OF BIRTH: Jan. 9, 1913

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mose Fighter

14. MOTHER'S MAIDEN NAME: Susan Minor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Flora Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Suppurative Peritonitis

626X Antecedent cause(s)

139a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvic Inflamatory Disease — unknown

(c) c. Multiple Abscesses.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Non-puerperal - 7-11-50 - ams)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes — Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1950, to 6/27, 1950, that I last saw the deceased alive on June 27th, 1950 and that death occurred at 630 a.m., from the causes and on the date stated above.

SIGNATURE: Alexander Sandecki, M.D. (Degree or title) ADDRESS: Res. Physician at Harford Mem. Hospital Havre de Grace, Md DATE SIGNED: 6/27/50

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE: 7-1-50

NAME OF CEMETERY OR CREMATORY: St. James A.M.E Cemetery

LOCATION (City, town, or county) (State): Havre de Grace, Md

DATE REC'D BY LOCAL REG.: June 30-1950

REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: Elmer E Bullock

ADDRESS: Havre de Grace, Md

52086

RECEIVED
JUL 3 1950
BUREAU U.S.

Dr. Bagley
Latrobe Agpts.

06279

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Forest Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
STREET ADDRESS (If rural, give location) Forest Hill

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A. (Last) Caine

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 8. 1901

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Baltimore Co Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Caine

14. MOTHER'S MAIDEN NAME: Margaret Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Juanita Caine, Forest Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Convulsions

345 X
80b
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal hydrocephalus

(c) Encephalitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1, 1950

19b. MAJOR FINDINGS OF OPERATION: Adhesions at base of brain

(Head only

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1948, to May 29, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 4:15 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Edmund Engelmann, M.D. The Latrobe Apartment, Balto 2 Md. 6/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/28/50 — NAME OF CEMETERY OR CREMATORY: St. John's Cem — LOCATION (City, town, or county) (State): Long Green Md.

DATE REC'D BY LOCAL REG. 6/27/50 — REGISTRAR'S SIGNATURE: a W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

JT

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06280

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bel Air, Rural — LENGTH OF STAY (in this place): 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cardiff, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ina (Middle) Dooley (Last) Day
4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1950
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Dec. 17, 1880
9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hugh E. Dooley
14. MOTHER'S MAIDEN NAME: Lyda Proctor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Frank D. Day, Delta, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — One hour

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to June 16 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 8 PM m. from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): [illegible] ADDRESS: CARDIFF Md DATE SIGNED: 6/17/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-19-1950 — NAME OF CEMETERY OR CREMATORY: Slate Ridge cemetery — LOCATION (City, town, or county): Delta, (State): Pa.
DATE REC'D BY LOCAL REG.: 6/18/50 — REGISTRAR'S SIGNATURE: Priscilla Fourwood
24. FUNERAL DIRECTOR: Hubert P. Harkins — ADDRESS: Delta, Pa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 20 1950
BUREAU V. S.

06281

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) Arsenal Road

3. NAME OF DECEASED (Type or Print) (First) George (Middle) H. (Last) Evans
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 12, 1863
9. AGE last birthday 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY House
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Evans
14. MOTHER'S MAIDEN NAME Margaret Claridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) M (If year, give war or dates of service)
16. SOCIAL SECURITY No. Lost
17. INFORMANT AND ADDRESS Ethel Evans, Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Lobular (hypostatic) Pneumonia

108 Antecedent cause(s) (b) Arteriosclerotic Cardio-Vascular Disease.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1950, to 6/1, 1950, that I last saw the deceased alive on June 1st, 1950, and that death occurred at 10 15 p.m., from the causes and on the date stated above.

SIGNATURE Alexander Sandecki (Degree or title) M.D. ADDRESS 501 S. Union Ave, Havre de Grace, Md. DATE SIGNED 6/2/950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 6, 1950
NAME OF CEMETERY OR CREMATORY Grove
LOCATION (City, town, or county) Aberdeen, Harford (State) Md

DATE REC'D BY LOCAL REG. June 30-1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Howard R. McCormac & Son ADDRESS Abingdon, Md

30819

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JUL 13 1960
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06282

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; LENGTH OF STAY (in this place) 9 ds.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; STREET ADDRESS (If rural, give location) Old Phila. Road

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) (Last) Goles

4. DATE OF DEATH: (Month) JUNE (Day) 5th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 24 1885

9. AGE last birthday: 64 yrs.; If under 1 year: Months 10, Days 11; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (Balto. C. & S. R.)

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.: 218-07-4304

17. INFORMANT AND ADDRESS: John Goles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002x

Immediate cause (a) For advanced Pulmonary Tuberculosis

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with miliary spread - meningitis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 12 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1950, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 12 1 m., from the causes and on the date stated above.

SIGNATURE: Fred O Hodous (Degree or title) M.D. ADDRESS: Edgewood Md DATE SIGNED: 6-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: June 8-50; NAME OF CEMETERY OR CREMATORY: Sacred Heart; LOCATION (City, town, or county) (State): German Hill Rd. Balto Md.

DATE REC'D BY LOCAL REG.: 6-8-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John G. Connelly ADDRESS: Essex, Md.

98899

MARYLAND STATE DEPARTMENT OF HEALTH

06283

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place) 8hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY /
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 4014 Belle Ave.

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) (Last) Gomborov

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: 1881 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Rumania. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unkown | 14. MOTHER'S MAIDEN NAME: Fannie Gold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: David A Gomborov 3003 Ferndale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture R femur — 8hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 825.5 1700

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus ?

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway | (CITY OR TOWN) Bel Air | (COUNTY) Harf. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 5, 1950 12:30 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto accident, auto auto type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M D County Medical Examiner Harford Co. Bel Air Md 6/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 6, 1950 | NAME OF CEMETERY OR CREMATORY Beth Tfiloh Cemetery | LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 6/6/50 | REGISTRAR'S SIGNATURE R.W. Hedrick | 24. FUNERAL DIRECTOR Sol Levinson & Bros | ADDRESS 1126 W North ave

116284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural)
LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) (Last) Gwynn
4. DATE OF DEATH (Month) (Day) (Year) June 22 1950
5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Aug 15/1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farm Labor
11. BIRTHPLACE (State or foreign country) Essex, Va
12. CITIZEN OF WHAT COUNTRY? U-S
13. FATHER'S NAME ✓ Gwynn
14. MOTHER'S MAIDEN NAME Julia Brogmaner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Carrie B Gwynn, Forest Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE	Sudden death
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Cardio Vascular Disease With	
93d	(c) Hypertension	10 yrs?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr Arthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1944, to June 22, 1950, that I last saw the deceased alive on Mar 5, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson M.D. Forest Hill Md 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 25/50
NAME OF CEMETERY OR CREMATORY Clarks Chapel
LOCATION (City, town, or county) Gibson Rural Harford (State) Md

DATE REC'D BY LOCAL REG. 6/24/50
REGISTRAR'S SIGNATURE Priscilla Forward
24. FUNERAL DIRECTOR Joseph T Foster Bd Air Md ADDRESS

866 VV

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 27 1950
BUREAU OF

06285

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Ha.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F (Last) Jarrell

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1 May 1930

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: US Army

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Herbert Todd Jarrell

14. MOTHER'S MAIDEN NAME: Martha E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Current

16. SOCIAL SECURITY NO.

17. INFORMANT: S/R, Aberdeen Proving Ground Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull, compound — Interval between onset and death: none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 815.5 170 d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) June 6 1950 8 P m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Motorcycle ran under tractor trailer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md 6/6/50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF June 8, 1950 — NAME OF CEMETERY OR CREMATORY Edgar Lane — LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. JUNE 12, 1950 — REGISTRAR'S SIGNATURE U. L. Lewis M.D. — 24. FUNERAL DIRECTOR Howard E. McComas & Son — ADDRESS Abingdon Md 6029

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JUN 13 1950
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06286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper X Roads — LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper X Roads
STREET ADDRESS (If rural, give location): Fallston R.D.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Oleater (Last) Jones.
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950
5. SEX: F
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec 19 1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months 6, Days 6 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Jarrettsville Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Amoss
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Kell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James J. Jones Fallston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident. — 1 week

331 x Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerotic - Hypertensive Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Fallston — (COUNTY) Harford — (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1950, to June 25, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: P. Jones Thomson Jr. (Degree or title) — ADDRESS: Jarrettsville Md — DATE SIGNED: 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/27/50 — NAME OF CEMETERY OR CREMATORY: Fair View — LOCATION (City, town, or county): Forest Hill (State) Md

DATE REC'D BY LOCAL REG.: 6/26/50 — REGISTRAR'S SIGNATURE: Priscilla Fowood — 24. FUNERAL DIRECTOR: Charles E. Kurtz — ADDRESS: Jarrettsville Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1950
BUREAU V. S.

06287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 26I Alliance.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Elizabeth (Last) Krouse

4. DATE OF DEATH: (Month) 6/8/50 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	9/7/1872	77 yrs.	9	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Havre de Grace	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Gleason	Katherine Maher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Genevieve Krouse (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cardio Vascular Disease	5 yrs
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arterio Sclerosis	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 3, 19 49, to June 8, 19 50; that I last saw the deceased alive on June 5, 19 50, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Charles F. Foley M.D. 400 Union Ave Havre de Grace 6/11/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/12/50	Mt. Erin	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUNE 11, 1950	A. L. Leard M.D.	Pennington & Son	Pennington & Son, Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1950
BUREAU P. S.

06288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville LENGTH OF STAY (in this place) 14 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) Forest Hill R.D.

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Amoss (Last) Moffitt

4. DATE OF DEATH (Month) June (Day) 19 (Year) 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 24 hrs. Hours	Min.
Male	white	Widowed	Oct 6-1874	75 yrs.	8	13	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Carpenter	Carsons Run Harford	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T Moffett	Harriet Cullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	John Earl Moffett, Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Congestive Heart Failure	2 days
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized (including Coronary) Arteriosclerosis	unknown
(c)	Gangrene, Right Foot with loss of 5th toe.	2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mental Confusion from Cerebral Arteriosclerosis	6 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1950, to May 30, 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE Robert Barthe (Degree or title) ADDRESS M.D. Forest Hill, Maryland DATE SIGNED June 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/22/50	Smiths Chapel	Churchville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/21/50	Priscilla Fowood	Martin G Kurtz	Jarrettsville Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

RECEIVED
JUN 26 1950
BUREAU T. S.

06289

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location) Long Bar Harbor

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Wesley (Last) Price
4. DATE OF DEATH (Month) June (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 14 1926
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman
10b. KIND OF BUSINESS OR INDUSTRY Engineering
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Raymond W. Price
14. MOTHER'S MAIDEN NAME Winnefred Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 218-26-0428
17. INFORMANT Patricia C. Price, Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Accidental Drowning —

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bush River (CITY OR TOWN) Abingdon (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) June (Day) 12, (Year) 1950 (Hour) 8 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat Lit piling & threw him in River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical ADDRESS Examiner Harford Co. Bel Air Md DATE SIGNED 6/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 15, 1950
NAME OF CEMETERY OR CREMATORY St. Francis
LOCATION (City, town, or county) Abingdon, Harford (State) Md

DATE REC'D BY LOCAL REG. June 15, 1950
REGISTRAR'S SIGNATURE Marie M. Mounsdale
24. FUNERAL DIRECTOR Howard L. McConnas & Son ADDRESS Abingdon Md

V6293

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

218 – 26 – 0428

Albert Wesley Price

06290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Rites

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Oct. 5, 1866
9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Horseman
10b. KIND OF BUSINESS OR INDUSTRY Trainer
11. BIRTHPLACE (State or foreign country) Carroll Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. B. Rites
14. MOTHER'S MAIDEN NAME Charlotte Oden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Mrs Sarah Gallion Darlington Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation — Interval Between Onset and Death: 10 minutes

144x

Antecedent cause(s)

45 f

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer mouth & throat — About 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to June 29, 1950, that I last saw the deceased alive on 6-28, 1950, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Port Deposit DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE July 1, 1950 NAME OF CEMETERY OR CREMATORY St. Charles Cem LOCATION (City, town, or county) Pykesville, Md. (State)

DATE REC'D BY LOCAL REG. June 30, 1950 REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JUL 7 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Mont Mills — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearmont Mills
STREET ADDRESS (If rural, give location): Street R.D.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Roberts

4. DATE OF DEATH: (Month) June (Day) 1st (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Sept 16, 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months 8, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner + operator

11. BIRTHPLACE (State or foreign country): Clearmont Mills. Md

12. CITIZEN OF WHAT COUNTRY? W.S.

13. FATHER'S NAME: Wm G. Roberts

14. MOTHER'S MAIDEN NAME: Frances Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: John W. Roberts Jr. Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arterio Sclerosis

Antecedent cause(s) (b) Arterio Sclerotic C-V Disease

422.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1950, to June 1, 1950, that I last saw the deceased alive on May 31, 1950, and that death occurred at 9 15 A.m., from the causes and on the date stated above.

SIGNATURE: Josiah A. Hunt M.D. (Degree or title) — ADDRESS: Delta Pa. — DATE SIGNED: 6/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 4, 1950 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Rocks, Md

DATE REC'D BY LOCAL REG.: 6/3/50 — REGISTRAR'S SIGNATURE: Priscilla Fourwood — 24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettsville, Md — ADDRESS

000VV

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JUN 9 1950
BUREAU V. S.

06292

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 127 AUG 2 1950

Reg. Dist. No. 18S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD; CITY OR TOWN HAVRE DE GRACE; LENGTH OF STAY 8 days; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY OR TOWN (Rural) Aberdeen; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MELVIN (Middle) (Last) SAMPSON

4. DATE OF DEATH: (Month) JUNE (Day) 19 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 31, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer, gardener - Lawns

10b. KIND OF BUSINESS OR INDUSTRY: Self empl.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN A. Sampson

14. MOTHER'S MAIDEN NAME: Naomi Richie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Nellie V. Sampson (wife) Box 376, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ATYPICAL Pneumonia - cause unknown — Interval between onset and death: 3 weeks

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

108

(b) Septicaemia - Cause unknown

(c) Autopsy report shows: "Pneumonia, lobar, confluent due to septicemia/ cause undetermined" (7-25-50 - ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11, 1950, to 6/19, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 7.03 P. m., from the causes and on the date stated above.

SIGNATURE: Alexander Sandecki, M.D. (Degree or title) Resident Physician ADDRESS Harford Mem. Hospital Havre de Grace, Md DATE SIGNED 6/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 23, 1950

NAME OF CEMETERY ~~OR CREMATORY~~ Grove

LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REG. June 21-50

REGISTRAR'S SIGNATURE G. L. Lewis m. d.

24. FUNERAL DIRECTOR ADDRESS Henry Tarring & Sons, Aberdeen Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Missouri COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Louis
STREET ADDRESS (If rural, give location) 4531 N. Market Street ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) H (Last) Smith

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Specify) Single
8. DATE OF BIRTH 6 May 1932
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY US Army
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME Mary K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Current
16. SOCIAL SECURITY NO.
17. INFORMANT S/R, Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
815.5 Immediate cause	(a) Fracture skull, compound	none
170d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US Route 40
(CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) June 6, 1950 8 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Motorcycle ran under tractor trailer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford County Bd Airy 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 8, 1950
NAME OF CEMETERY OR CREMATORY Vulman Stokefer
LOCATION (City, town, or county) (State) Dunlap Tenn

DATE REC'D BY LOCAL REG. JUNE 12, 1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Howard R. McConnas & Son ADDRESS Abingdon Md

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VS. A15A

RECEIVED
JUN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06294

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and ~~OR~~ give nearest town) TOWN Darlington; LENGTH OF STAY (in this place) 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Darlington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) V. (Last) Spencer

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: March 6, 1886

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Electric Power House

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph E Spencer

14. MOTHER'S MAIDEN NAME: Hannah Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 164-10-6406

17. INFORMANT AND ADDRESS: Mrs Wm V Spencer Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 Mo

Antecedent cause(s) 420.1 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 Yrs 9da

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to June 8, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 6 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Snodgrass ADDRESS Darlington Md. DATE SIGNED 6/9/50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial — DATE June 11, 1950 — NAME OF CEMETERY OR CREMATORY Rock Run Cem — LOCATION (City, town, or county) (State) Harford Co, Md.

DATE REC'D BY LOCAL REG. June 9, 1950 — REGISTRAR'S SIGNATURE C. H. Kirk — 24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington, Md.

XVX 58

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06295

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford County; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; LENGTH OF STAY (in this place) 34 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fallston, Harford Co. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; STREET ADDRESS (If rural, give location) Fallston, Harford Co Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Millard (Last) Stirling

4. DATE OF DEATH: (Month) JUNE (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ##########

8. DATE OF BIRTH: May 9th., 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months 0 Days 30 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stirling

14. MOTHER'S MAIDEN NAME: Maria Theresa Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. James M. Stirling--3801 Yolando Rd. Balto: Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-respiratory failure — Interval between onset and death: 16 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic cardiac decompensation — 2 years

(c) Valvular heart disease — Life

754.4

157.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 24 MAY, 1950, to 8 JUNE, 1950, that I last saw the deceased alive on 24 MAY, 1950, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE: H. P. Sedwick (Degree or title) M.D ADDRESS: Bel Air, Md DATE SIGNED: 8 June 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 6-10-50 NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery LOCATION (City, town, or county) (State): Edmondson Ave, Balto: Md.

DATE REC'D BY LOCAL REG. 6/9/50 REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: George J. Ruth, Inc.-1735 Harford Avenue ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel-Air — LENGTH OF STAY (in this place): 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel-Air
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elisabeth (Last) Thompson
4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1950
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Mar. 17, 1867
9. AGE last birthday: 83 yrs. — If under 1 year: Months 2, Days 18 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Upper X Roads, Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Charles Parker
14. MOTHER'S MAIDEN NAME: Mary McCourtney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Russell Jones, Bel-Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocardial Disease — 6 yrs.

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1945, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. — ADDRESS: Forest Hill Md — DATE SIGNED: 6/5/50

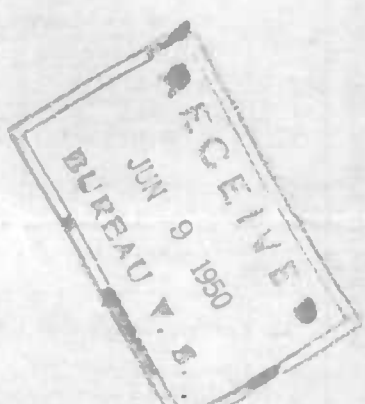
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 6, 1950 — NAME OF CEMETERY OR CREMATORY: Ebeneger Cem — LOCATION (City, town, or county) (State): near Taylor, Harford Co. Md

DATE REC'D BY LOCAL REG.: 6/5/50 — REGISTRAR'S SIGNATURE: Priscilla Forwood — 24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettsville, Md. — ADDRESS: —

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUN 9 1950
BUREAU V. E.

06297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH · COUNTY Harford Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace · LENGTH OF STAY (in this place) 65 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 221 Wilson

3. NAME OF DECEASED (Type or Print) (First) Mrs. Eugene (Middle) Woods (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) 6/24/50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Female	White	Married	II/9/1876	73 yrs.	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James W. Woods		14. MOTHER'S MAIDEN NAME Mary J. Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Eugene L. Thompson (Husband)	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 weeks
334x Antecedent cause(s)		
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cerebral apoplexy	10 months
	(c) hypertension	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to June, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 221 Wilson St 3:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Simon	M.D.	Havre de Grace	6-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6/27/50	NAME OF CEMETERY OR CREMATORY Coksbury	LOCATION (City, town, or county) (State) Abingdon, Md.
DATE REC'D BY LOCAL REG. June 26-1950	REGISTRAR'S SIGNATURE G. L. Lewis M.D.	24. FUNERAL DIRECTOR Bennington & Son, Havre de Grace, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU U. S.

06298

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Calvert; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owingsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owingsville R 2; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) August J (Middle) Moore (Last) Webster

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 27 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horseman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Moore

14. MOTHER'S MAIDEN NAME: Sarah Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: William Webster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — —

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Bel Air, Md. 6/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF June 26 1950; NAME OF CEMETERY OR CREMATORY St Mary; LOCATION (City, town, or county) Owingsville; (State) Md

DATE RECD BY LOCAL REG. 6/24/50; REGISTRAR'S SIGNATURE Priscilla Townsend

24. FUNERAL DIRECTOR Howard Stabler; ADDRESS Town Hill Pa

RECEIVED
JUN 27 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06299

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bel Air; LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 117 Post Road.

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) H. (Last) Wells

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: June 8, 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Bennett Osborn

14. MOTHER'S MAIDEN NAME: Harriett Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Charles L. Lefebvre 1567 Northern Parkway Balto 12. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 10 mos?

157 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46g (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to June 20, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 1.24 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson M.D Forest Hill Md 6/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 22, 1950

NAME OF CEMETERY ~~OR CREMATORY~~ Bakers

LOCATION (City, town, or county) Aberdeen. (State) Md

DATE REC'D BY LOCAL REG. 6/21/50

REGISTRAR'S SIGNATURE Priscilla Fawood

24. FUNERAL DIRECTOR ADDRESS Henry T. Jennings & Sons Aberdeen Md.

RECEIVED
JUN 26 1950
BUREAU V. S.